

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDonough</i>		Town <i>Chas</i>		County <i>Chas</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>10</i>	Age	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Chas Co Md</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>11 11 11</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>James Adams</i>	Father's Birthplace <i>Chas Co Md</i>						
Mother's Maiden Name <i>Maggie Simms</i>	Mother's Birthplace <i>11 11 11</i>						
Name of person giving information <i>James Adams</i>	How related to deceased <i>Parent</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
	Address <i>W. F. Browner</i>
	<i>Sub Recy</i>
Accident or Suicide?	

W. F. Browne
Dub. Reg.

Name
in
Full

Lemuel P. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

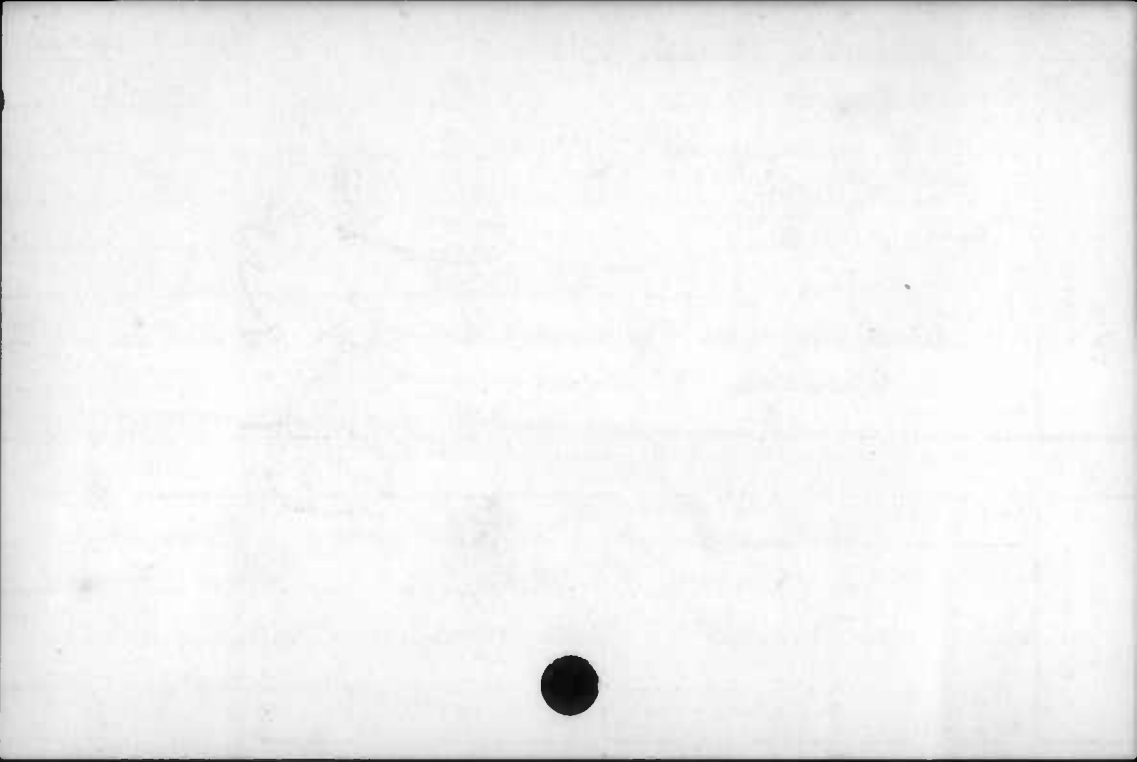
Died at <i>New Pomeroy</i>		County <i>Shannon</i>		MARYLAND	
Date of death	1909	Month	Jan	Day	9
Age	41	Years		Months	5
Sex	Male	Color or Race	White	Birth-place	Chas. Co
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Allie Wade		
Father's Name	Sam'l. P. Adams			Father's Birthplace	Chas. Co -
Mother's Maiden Name	Emily Rowe			Mother's Birthplace	" "
Name of person giving information	Benj. Adams			How related to deceased	Brother

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

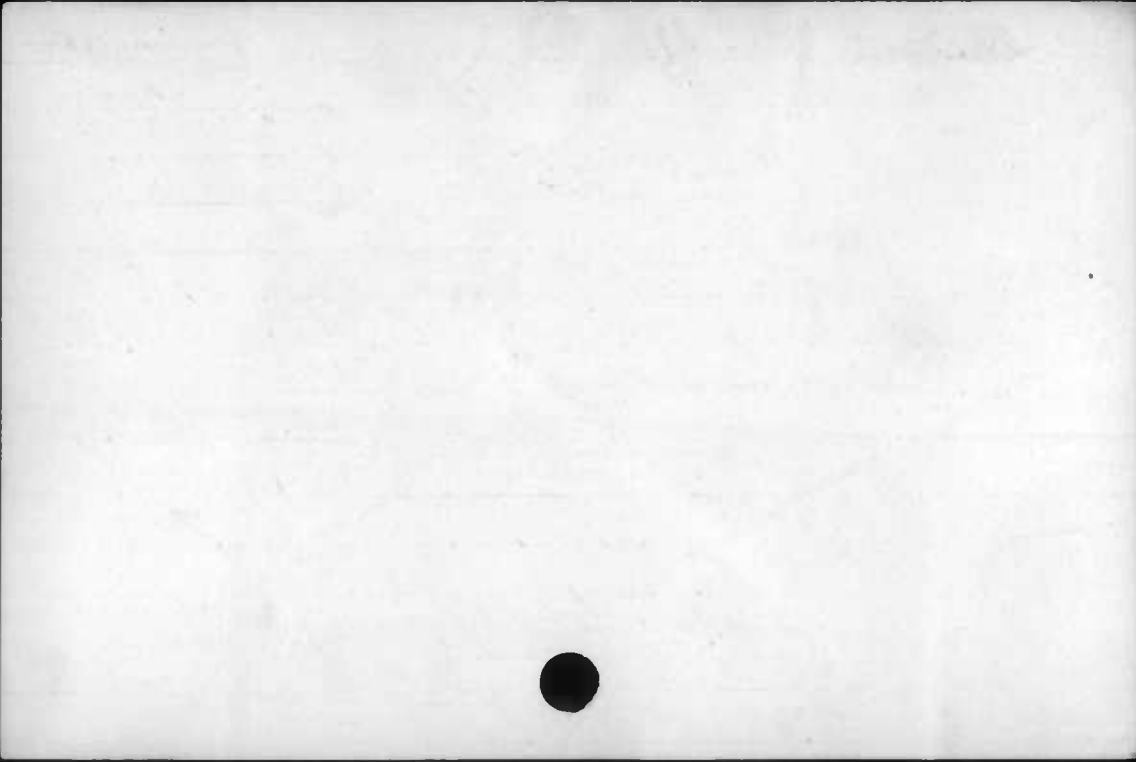
Primary	Heart Disease	How long	Since birth
Immediate	Pulmonary Order	How long	3 days -
Are the name, age, sex, color, date and place correctly given above?		yes -	
Signature of Physician		J. W. Wintchess M.D.	
Address		Pomeroy Ind.	
Accident or Suicide?		No	



Name in Full		Lucinda Barber				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Grayton		County		Chauce		
	Date of death 1909 Jan.		Month	Day	Age	Years	Months
	Sex Female		Color or Race	Black		Birth-place	md.
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Sylvester Brooks		Father's Birthplace		md.
	Mother's Maiden Name		Cecilia Tucker		Mother's Birthplace		md.
Name of person giving information		Husband Thos Barber			How related to deceased		
		Husband			Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Nephritis & Complication			How long	
	Immediate		with general dropsy			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			1 yr or more	
			Signature of Physician			How long	
			Address			3 mo months	
		Signature of Physician			Samuel Speake		
		Address			Grayton md.		
		Accident or Suicide?					



Name in Full		Sargh Belt.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Troy		Chas.		MARYLAND	
	Date of death	1909	Month Jan.	Day 10	Age 90	Months	Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband Henry Belt.			
	Father's Name	Not known				Father's Birthplace	Not known
	Mother's Maiden Name	Not known				Mother's Birthplace	" "
	Name of person giving information	William Sykes.				How related to deceased	Grand-son.
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	154
	Immediate	Infirmities of Age.				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician E. D. Hurt M.D.		
					Address Piscataway, Md.		
	Accident or Suicide?						



Name in Full		Baby Berry				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Chicamuxen		Charles			
Date of death		1909 Jan		Age 11		Months stillborn	
Sex		Female		Color or Race		Birth-place	
				collord		chas co md	
Occupation		none		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		none	
Father's Name		Joseph Berry				Father's Birthplace	
						chas co md	
Mother's Maiden Name		Lizzie Milstead				Mother's Birthplace	
						chas co md.	
Name of person giving information		Joseph Berry				How related to deceased	
						Father	
CAUSES OF DEATH							
Primary		W.M.K. now				How long	
						unknown	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		No physician attending	
				Address		Pizgah Md.	
Accident or Suicide?		Sub. Reg. 2nd district Charles County					



Name
in
Full

Bertie E. Basswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

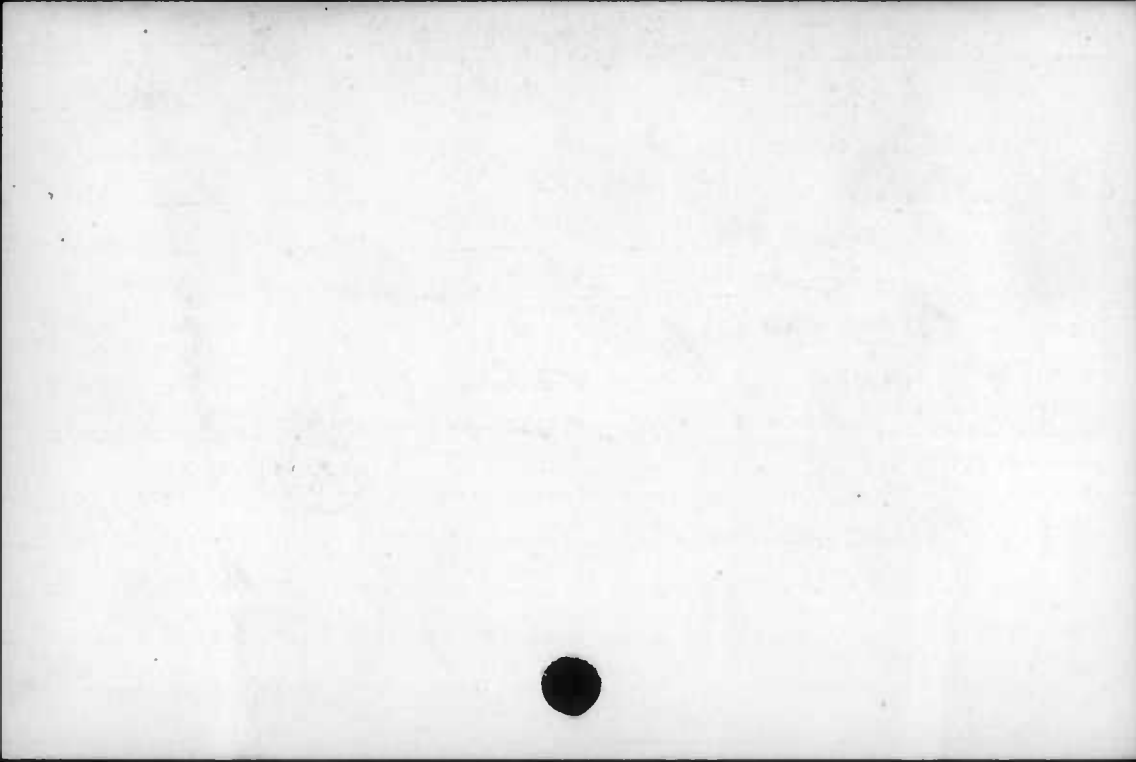
Died at <u>Bolton</u> ^{Town}		<u>Shrubs</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month	<u>Jan</u>	Day	<u>24</u>
Age		<u>22</u>	Years	<u>—</u>	Months
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Mich</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>at home</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Samuel Basswell</u>			
Father's Name	<u>W. R. Hamellor</u>			Father's Birthplace	<u>Mich</u>
Mother's Maiden Name	<u>Helen, Bury</u>			Mother's Birthplace	<u>Mich</u>
Name of person giving information	<u>W. R. Hamellor</u>			How related to deceased	<u>father</u>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>12 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>One month</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>G. O. Moore</u>
		Address	<u>Spalding</u>
Accident or Suicide?			<u>Mich</u>



Name
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Full

Harrison Borroman

CERTIFICATE OF DEATH

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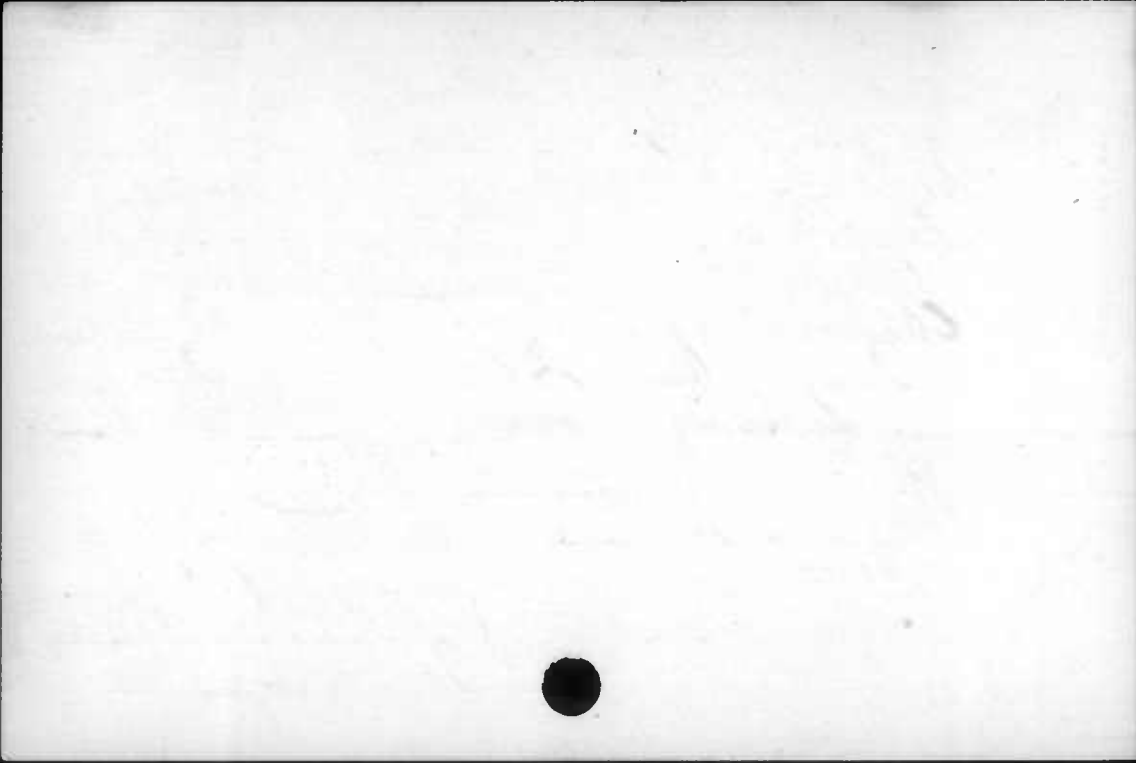
Died at <i>Pomonoke</i>		Town <i>Ches</i>		County		MARYLAND	
Date of death <i>1909 Jan</i>		Month <i>7</i>		Day <i>5</i>		Age <i>68</i>	
Sex <i>Male</i>		Color or Race <i>Cotona</i>		Birth-place <i>Ind</i>		Months <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Borroman</i>					
Father's Name <i>William Borroman</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Carroll</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Sub. Borroman</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>		How long <i>2 years</i>	
Immediate <i>Heart failure</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John P. [unclear]</i>	
		Address <i>Sub Reg</i>	
Accident or Suicide?			



Name
in
Full

Mary Ann Chapman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Jan* ^{Town} *Newport-* ^{County} *Charles* MARYLAND

Date of death *1909* ^{Month} *Jan* ^{Day} *17* ^{Age} *96* ^{Years} *96* ^{Months} *96* ^{Days} *96*

Sex *Female.* ^{Color or Race} *Colored* ^{Birth-place} *Charles Co*

Occupation *None* ^{Where Residing if not at place of death} *Charles Co*

Married, Single or Widowed *Single* ^{Name of Wife or Husband} *None*

Father's Name *Not Known* ^{Father's Birthplace} *Not Known*

Mother's Maiden Name *Not Known* ^{Mother's Birthplace} *Not Known*

Name of person giving information *Wesley. Slater* ^{How related to deceased} *Grandson*

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

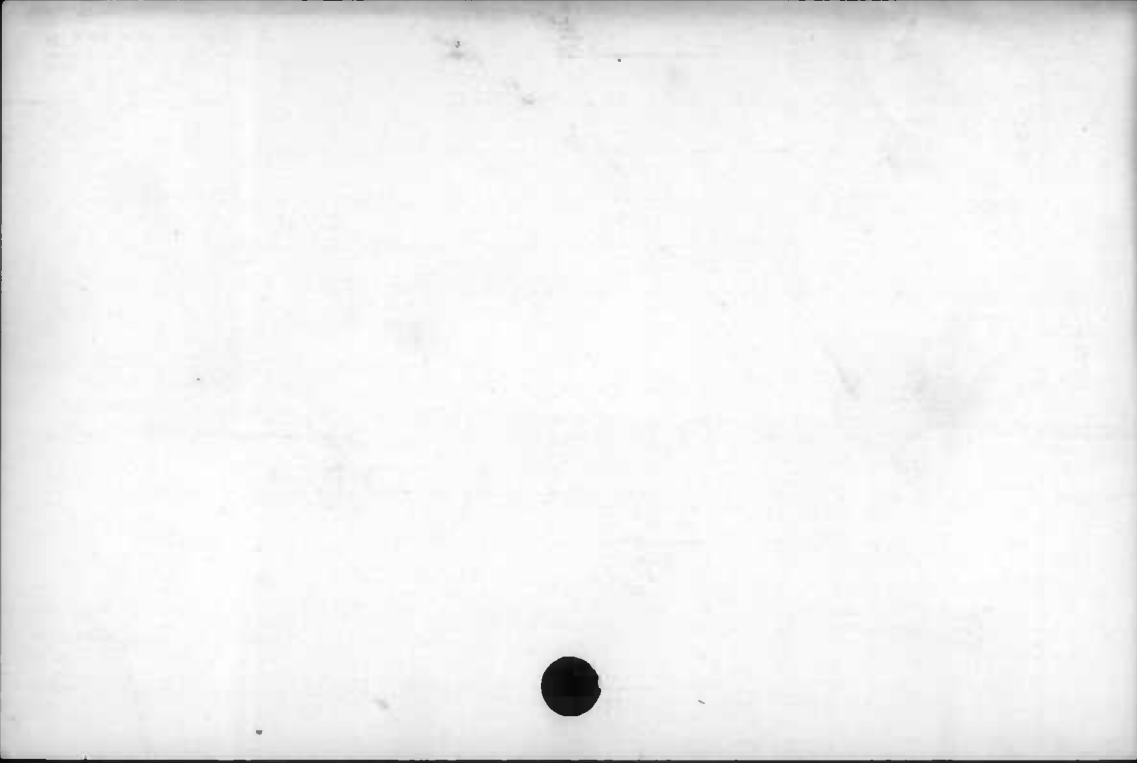
Primary *Old Age* ^{How long} *10 yrs*

Immediate *Old Age* ^{How long} *10 yrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* ^{Signature of Physician} *W S Yates*

Yes ^{Address} *Wicomico and Sub-Rig*

Accident or Suicide? *None*



Name
in
Full

S. Henry Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at La Plata ^{Town} Charles ^{County} **MARYLAND**

Date of death 1907 ^{Month} Jan ^{Day} 1st ^{Years} 61 ^{Months} 3 ^{Days} —

Sex male Color or Race white Birth-place Charles Co

Occupation Surveyor Where Residing If not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Samuel H Cox Father's Birthplace Charles Co

Mother's Maiden Name Miss Ward Mother's Birthplace Charles Co

Name of person giving information Hampton Cox How related to deceased Cousin ~~Charles Co~~

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Typhoid Fever - complicated with Tuberculosis How long 7 weeks

Immediate Hemorrhage of Lungs How long suddenly

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Thos. S. Owen

Address La Plata

Accident or Suicide? no Ind



Name
in
Full

CERTIFICATE OF DEATH

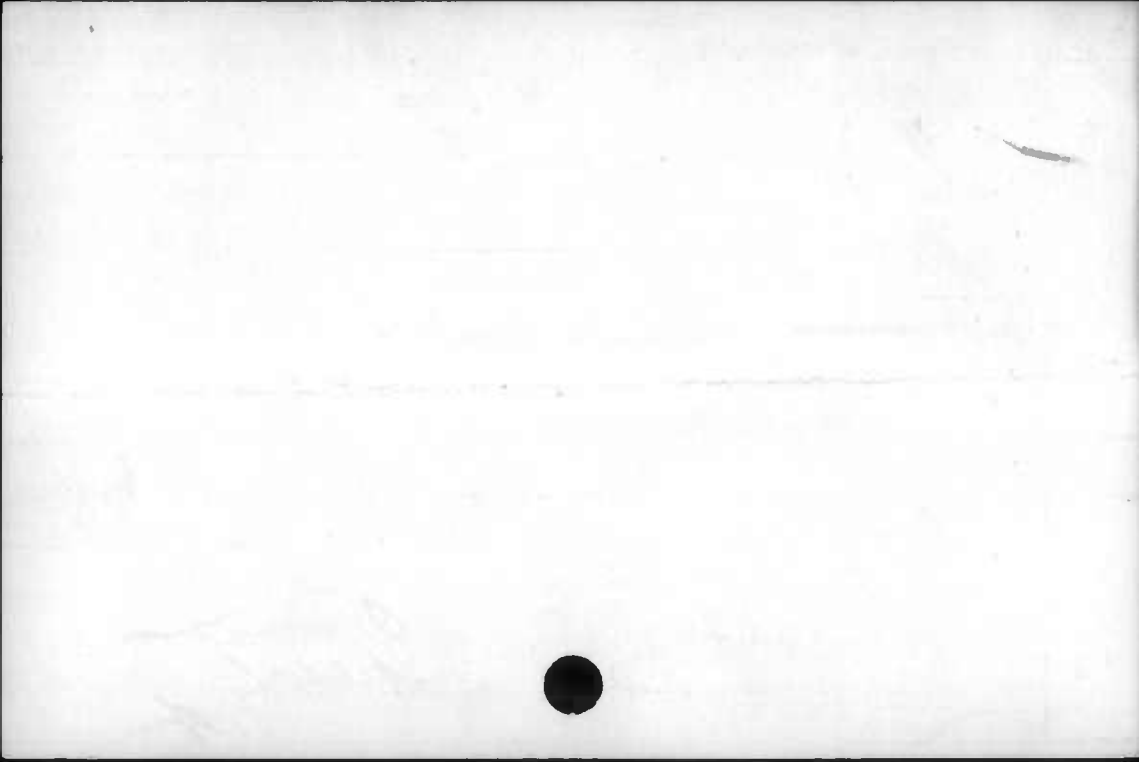
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jane Hortense Diggs</i>		Town <i>Port Tobacco</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>21</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Char. Co. Md</i>		Months <i>9</i>	
Occupation <i>Had none</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John A Diggs</i>		Father's Birthplace <i>Char Co Md</i>					
Mother's Maiden Name <i>Mary E. Clements</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>John T. Diggs</i>		How related to deceased <i>Brother</i>					
				CAUSES OF DEATH			

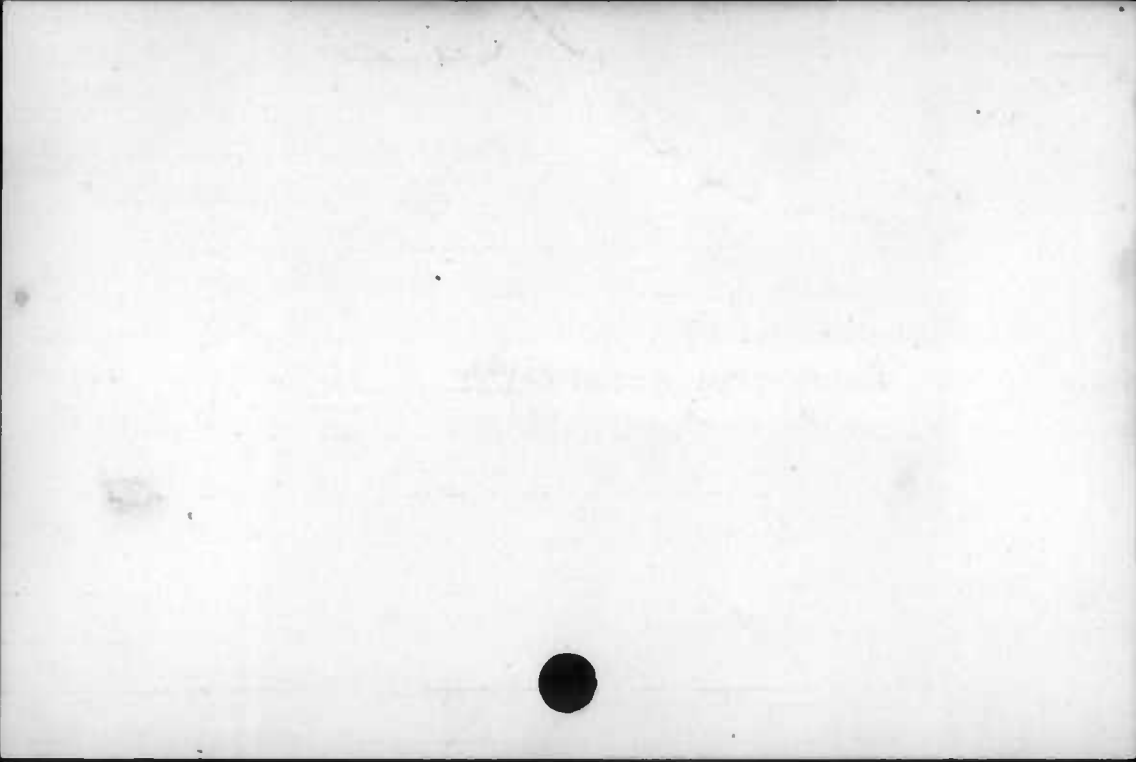
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PHYSICIAN
OR CORONER

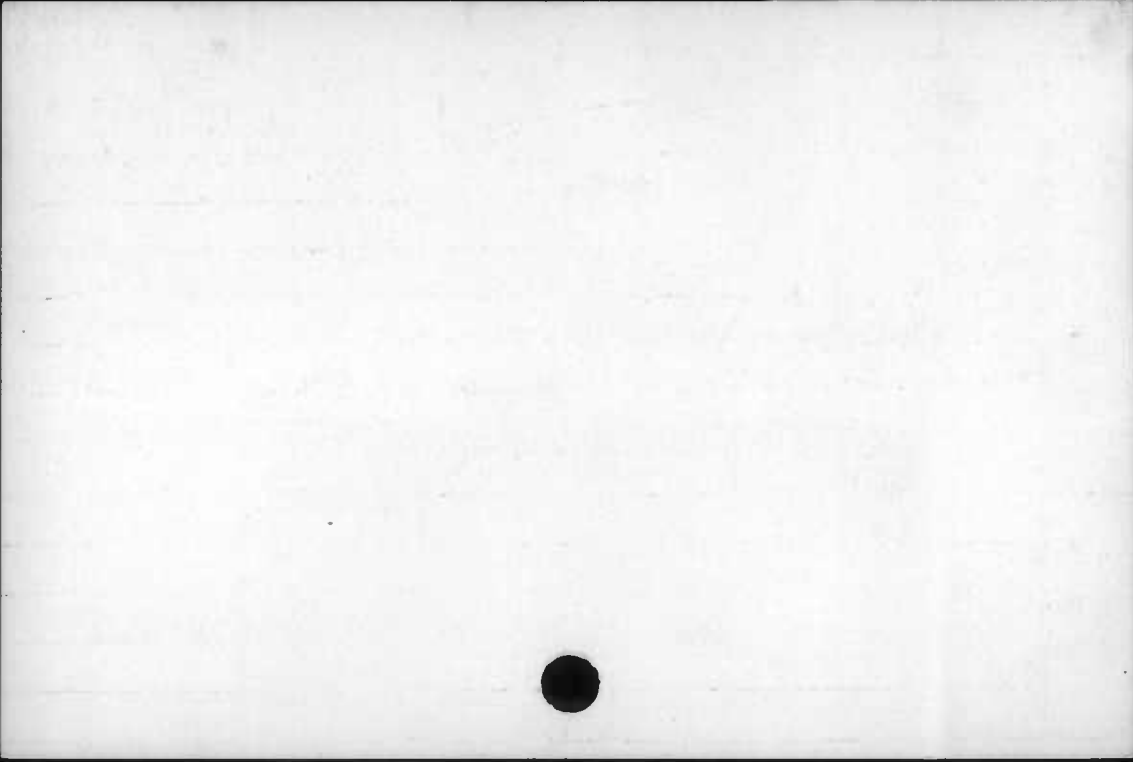
Primary <i>Cardiac Asthma</i>		How long <i>Eight or ten years</i>	
Immediate <i>Heart exhaustion</i>		How long <i>Ten or 15 minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John T. Diggs M D</i>	
		Address <i>Port Tobacco Md</i>	
Accident or Suicide? <i>No</i>			



Name in Full		Alex. Henry				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND	Died at		Spring Hill		Town		Charles		County					
	Date of death		1909 Jan		Month		24		Day					
	Sex		Male		Color or Race		African		Age					
	Occupation		None		Birth-place		Charles Co		Months					
	Where Residing if not at place of death				Days				Maryland					
	Married, Single or Widowed		Single		Name of Wife or Husband									
PHYSICIAN OR CORONER	Father's Name				Alex Henry				Father's Birthplace		Charles Co			
	Mother's Maiden Name				Catherine Hawkins				Mother's Birthplace		Charles Co			
	Name of person giving information				Robert Johnson				How related to deceased		Step Father			
	CAUSES OF DEATH				10		Primary		La Grippe		How long		3 weeks	
							Immediate		Heart Failure		How long		2 weeks	
Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician		Peter H. Roby Sub. Registrar				
								Address		Bel Air Md				
Accident or Suicide?														



Name in Full		Town				County		CERTIFICATE OF DEATH	
Patient		L. L. Lohr				Chesapeake		MARYLAND	
Date of death		1909	Month	Jan	Day	24	Age	64	Years
Sex		Male	Color or Race		Colored		Birth-place		
Occupation		Lohr				Where Residing if not at place of death			
Married, Single or Widowed		Widowed				Name of Wife or Husband			
Father's Name		James D. Lohr				Father's Birthplace			
Mother's Maiden Name		Unknown				Mother's Birthplace			
Name of person giving information		Walter D. Lohr				How related to deceased			
						66			
		CAUSES OF DEATH							
Primary		Paralysis				How long			
Immediate		Exhaustion				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician			
						Address			
Accident or Suicide?						No.			



Name
in
Full

Mary Augusta Gilroy

CERTIFICATE OF DEATH

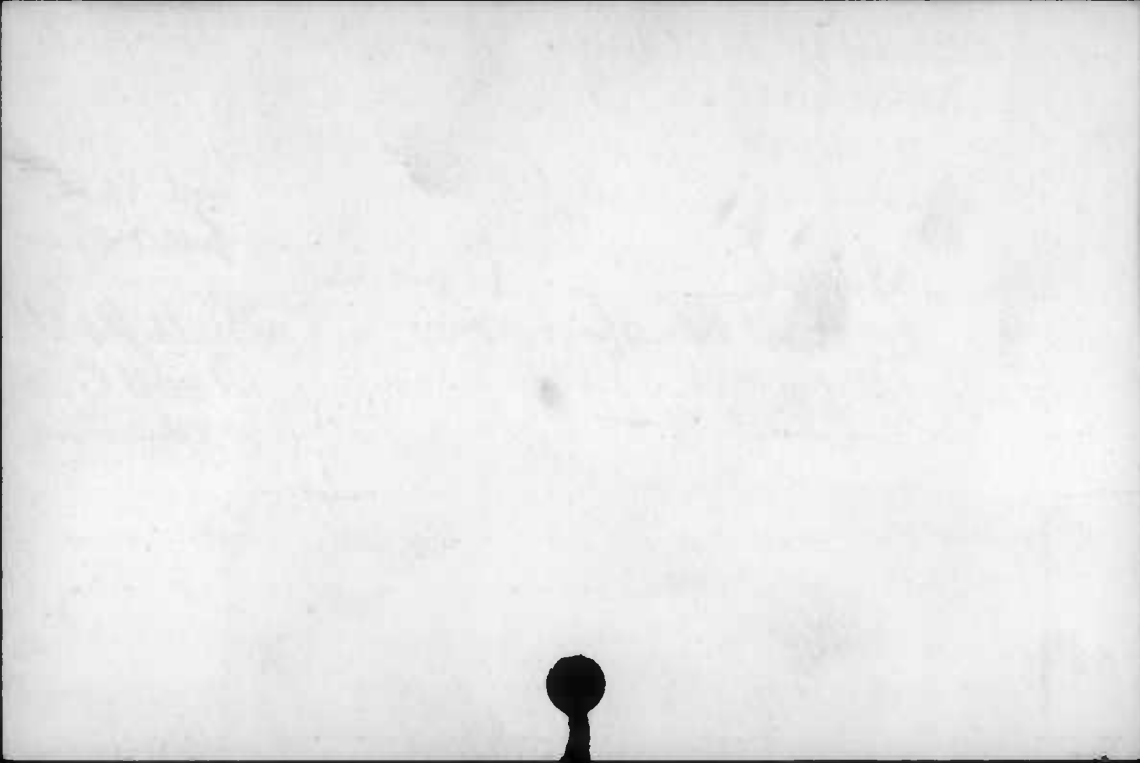
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pomunkey</i> ^{Town}		<i>Char</i> ^{County}		MARYLAND	
Date of death	1909	Month	Jan	Day	28
Age		29		Months	-
Sex		Female		Color or Race	White
Birth-place		Chas. Co Ind-			
Occupation		Housewife		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband	
Perry W. Gilroy					
Father's Name		Patrick C. Murphy		Father's Birthplace	
Chas. Co. Ind.					
Mother's Maiden Name		Mary C. Murphy		Mother's Birthplace	
Ind-					
Name of person giving information		Perry W. Gilroy		How related to deceased	
Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Two weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. W. Mitchell M.D.</i>	
Address		<i>Pomunkey Ind-</i>	
Accident or Suicide?		no	



Name
in
Full

Earnest Dudley Good

CERTIFICATE OF DEATH

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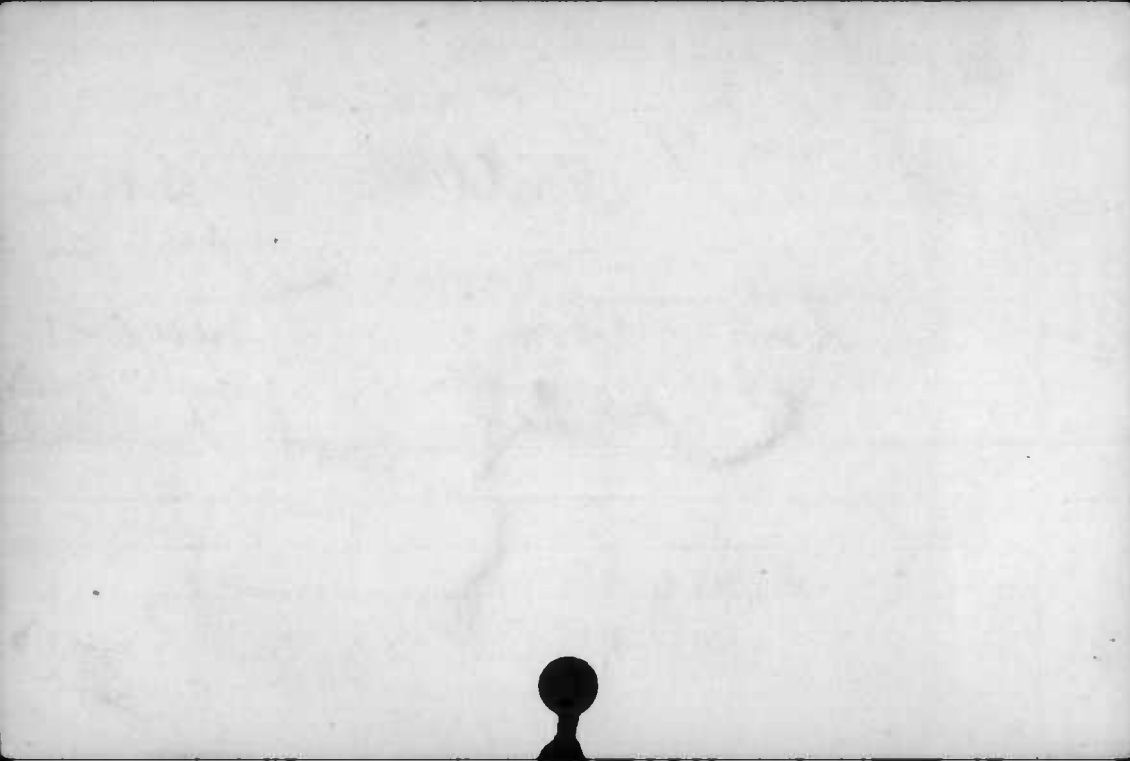
Died at ^{Town} Newburg ^{County} Chas Co		MARYLAND	
Date of death	1909 Jan 7	Age	7
Sex	Male	Color or Race	White
Occupation	Issue		
Where residing if not at place of death		Newburg	
Married, Single or Widowed	Single	Name of Wife or Husband	none
Father's Name	Chas. S. Good	Father's Birthplace	Newport
Mother's Maiden Name	Maggie Welch	Mother's Birthplace	Bulls Creek
Name of person giving information	Chas. S. Good	How related to deceased	Farther

CAUSES OF DEATH

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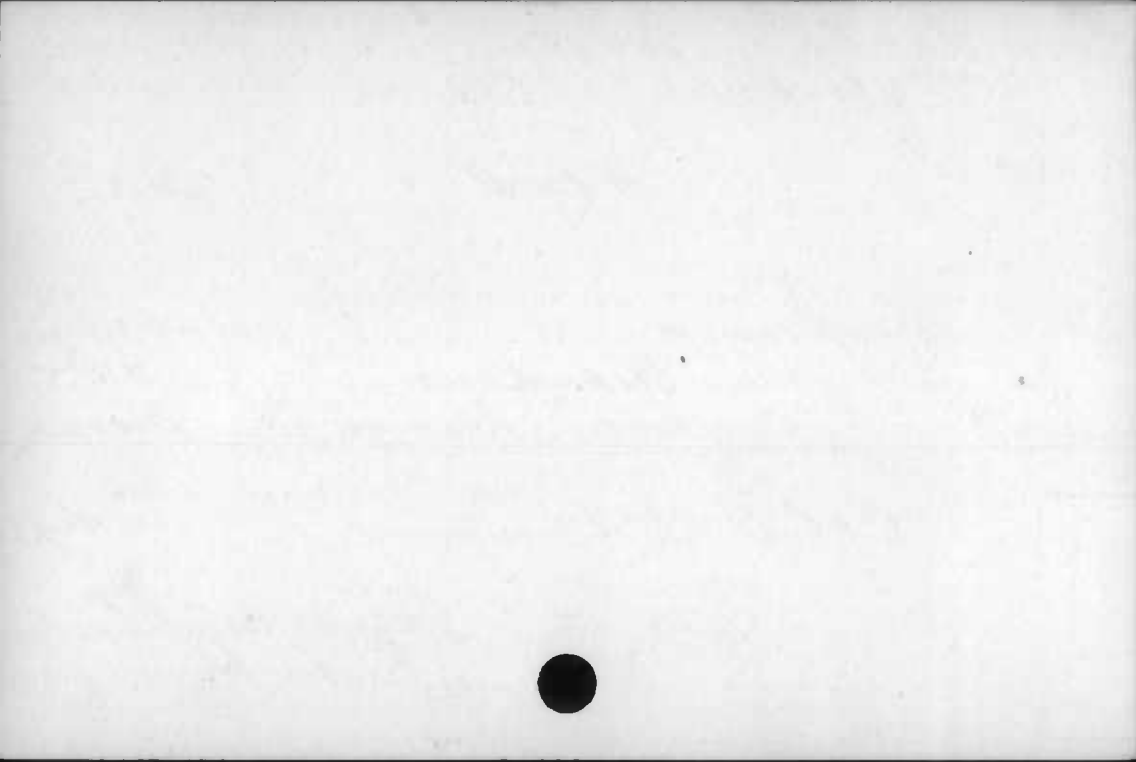
PHYSICIAN
OR CORONER

Primary Cause	Spontaneous Pneumonia	How long	Five days
Immediate Cause	Cardiac failure	How long	don't know
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. R. Gough, M. D.
		Address	Newburg, Md.
Accident or Suicide?			



Name in Full		Emmie Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pisgah	Town	Charles	County	MARYLAND	
	Date of death	1909	Jan	20	Age	90	
	Sex	Female	Color or Race	collard	Birth-place	Chas co Md.	
	Occupation	none	Where Residing if not at place of death				
	Married, Single or Widowed	Widow	Name of Wife or Husband	John Jones			
	Father's Name	Henson	Father's Birthplace	Chas co Md.			
	Mother's Maiden Name	unknown	Mother's Birthplace	unknown			
Name of person giving information	Wm H. Jones	How related to deceased	Son				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Unknown	How long	Unknown			
	Immediate	Unknown	How long	Unknown			
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	No Physician attending			
		Chas D Carpenter	Address	Pisgah Md			
	Accident or Suicide?	Sub regstr 2011 met Chas co.					

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harry Mankens</i>		Town <i>near Duncaster</i>		County <i>Charles</i>		MARYLAND	
Died at <i>near Duncaster</i>		Month <i>1</i>		Day <i>3</i>		Months <i>9</i>	
Date of death <i>1909</i>		Age <i>9</i>		Years <i>9</i>		Days <i>9</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Maggie Mankens</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Carlton Thomas</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

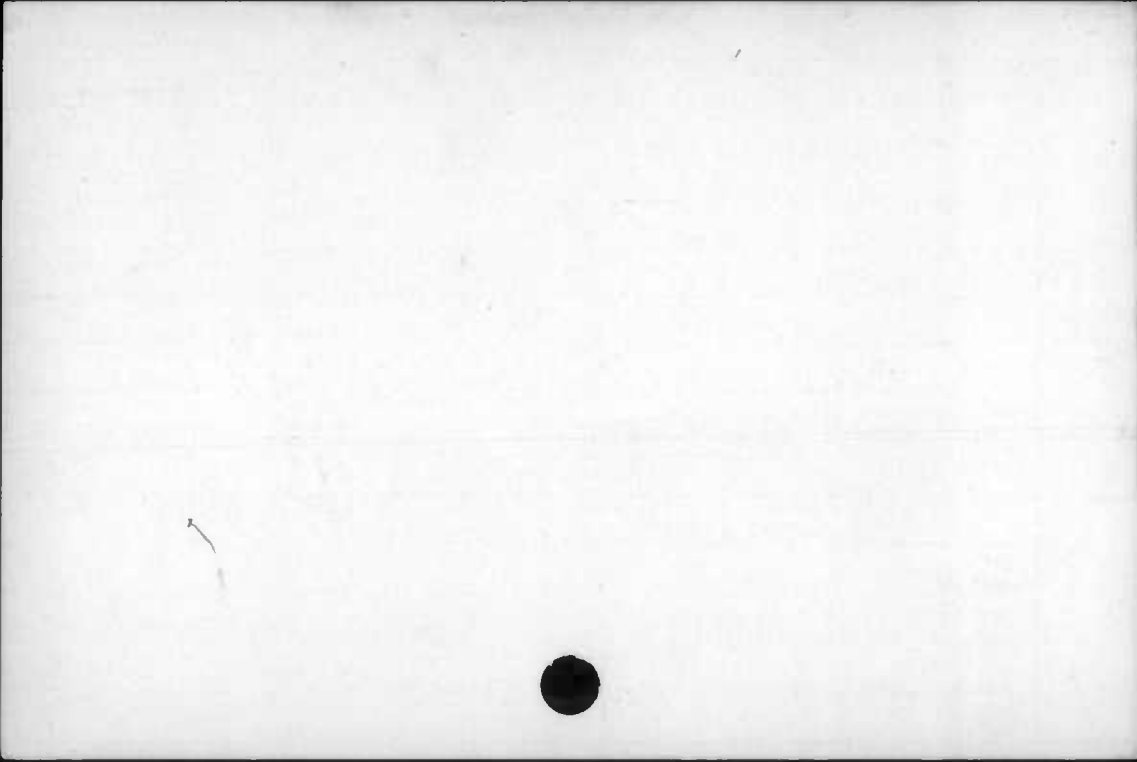
90

PHYSICIAN
OR CORONER

Primary <i>Cold & Pneumonia</i>		How long <i>3 or 4 days</i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James M. Wheeler</i>	
		Address <i>Baltimore Registrar</i>	
Accident or Suicide? <i></i>			



Name in Full		Beatrice Martrey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death		Month	Day	Years	Months
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
		CAUSES OF DEATH				27	
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Accident or Suicide?		Address			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full <i>James William Miles</i>		CERTIFICATE OF DEATH	
Died at <i>Indian Head</i>		County <i>Chas.</i>	
Date of death <i>1909 Jan 20th</i>		Age <i>7</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>	
Occupation		Birth-place <i>Indian Head</i>	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Richard C. Miles</i>		Father's Birthplace <i>Pomfret</i>	
Mother's Maiden Name <i>Cora Washington</i>		Mother's Birthplace <i>Pomfret</i>	
Name of person giving information <i>Cora Miles</i>		How related to deceased <i>Mother</i>	
CAUSES OF DEATH			
<div style="text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">29</div> </div>			
Primary <i>Peritonitis probably tuberculous</i>		How long <i>3 days.</i>	
Immediate			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. B. Mungu M.D.</i>	
		Address <i>Naval Proving Ground Indian Hd.</i>	
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

Murtie Penn

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Fallston</i> <small>Town</small>		<i>Chesapeake</i> <small>County</small>			
Date of death <i>1909</i> <small>Month</small> <i>June</i> <small>Day</small> <i>9</i> <small>Years</small> <i>26</i> <small>Months</small> <i>—</i> <small>Days</small> <i>—</i>					
Sex <i>Female</i>	Color or Race <i>African</i>	Birthplace <i>Chas Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Louis Penn</i>				
Father's Name <i>Robt. Shatt</i>		Father's Birthplace <i>Chas Co</i>			
Mother's Maiden Name <i>Mary Lucas</i>		Mother's Birthplace <i>Chas Co</i>			
Name of person giving information <i>Wm S. Shatt</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

27

Primary <i>Pulmon Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Heart Failure</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Spencer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Pomomoke*

Town

Char

County

Date of death *1907 Jan*

Month

Day

Age *42*

Years

Months

Days

Sex *Female*Color or
Race*Poland*Birth-
place*Irig*

Occupation

*House Wife*Where Residing if not
at place of death*at place of death*Married, Single
or Widowed*Married*Name of Wife or
Husband*Johnson Raymond*Father's
Name*Alford J. J. J.*Father's
Birthplace*Irig*Mother's
Maiden Name*Elizabeth J. J.*Mother's
Birthplace*Irig*Name of person giving
In formation*Johnson Raymond*How related
to deceased*Husband*

CAUSES OF DEATH

179

Primary

How long

Immediate

Heart failure

How long

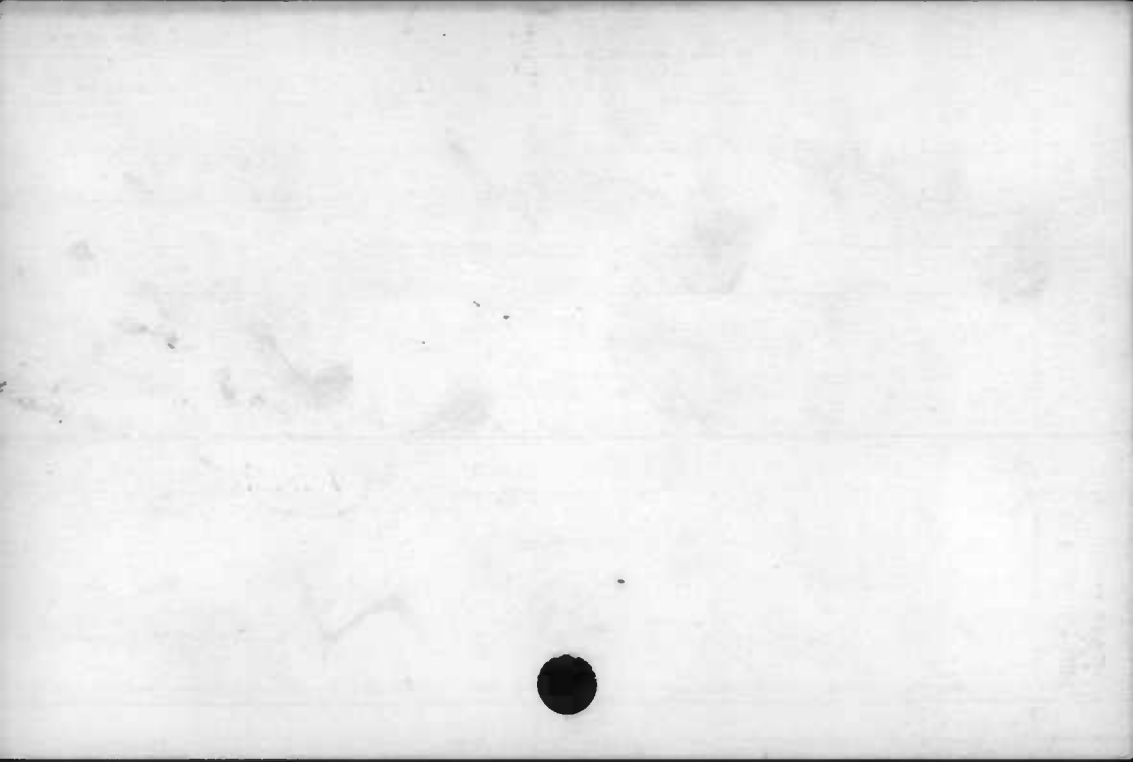
*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Dr. J. H. Marshall
P.O. Box 29*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Richardson</i>		Town <i>Wanzenoy</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Wanzenoy</i>		Month <i>1</i>		Day <i>19</i>		Years <i>2</i>	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>19</i>		Years <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Wanzenoy, Md.</i>			
Occupation <i>()</i>		Where Residing if not at place of death <i>()</i>					
Married, Single or Widowed <i>()</i>		Name of Wife or Husband <i>()</i>					
Father's Name <i>Thonton Richardson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Anger Dorey</i>		Mother's Birthplace <i>91101</i>					
Name of person giving information <i>Thonton Richardson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary <i>Infantile Tetanus</i>		How long <i>(72)</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James M. Wheeler</i>	
		Address <i>Sub Registrar</i>	
Accident or Suicide? <i>()</i>			



Name
in
Full

Ora Herbert Roberts

CERTIFICATE OF DEATH

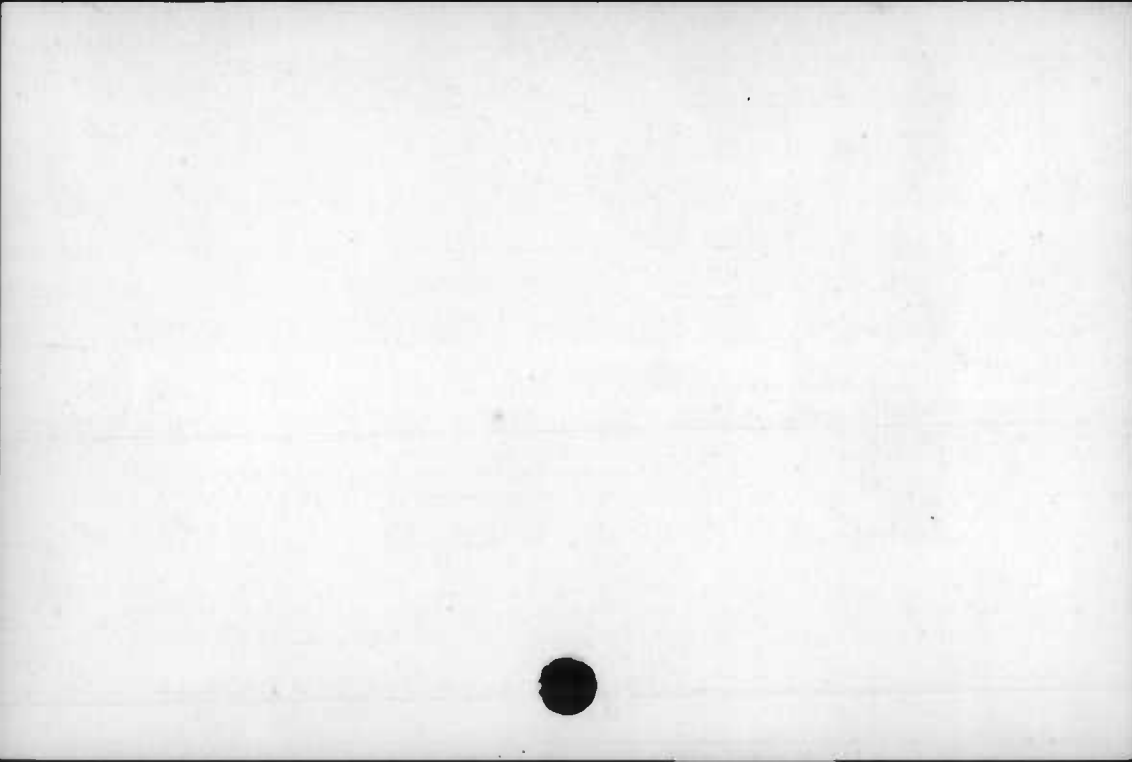
Died at <u>Waldorf</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND		
Date of death	<u>1909</u> ^{Year}	<u>Jan</u> ^{Month}	<u>20</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u>15</u> ^{Days}
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u>Waldorf</u>					
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Ora Herbert Roberts</u>	Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Annie Lola Prather</u>	Mother's Birthplace <u>Washington D.C.</u>					
Name of person giving information <u>A. L. Roberts</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

18

Primary	<u>Erysipelas</u>	How long	<u>10 Days</u>
Immediate	<u>Enterocolitis</u>	How long	<u>2 Days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>G. O. Monroe</u>
		Address	<u>Waldorf</u>
Accident or Suicide?			<u>Ind</u>

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

James Vernon Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

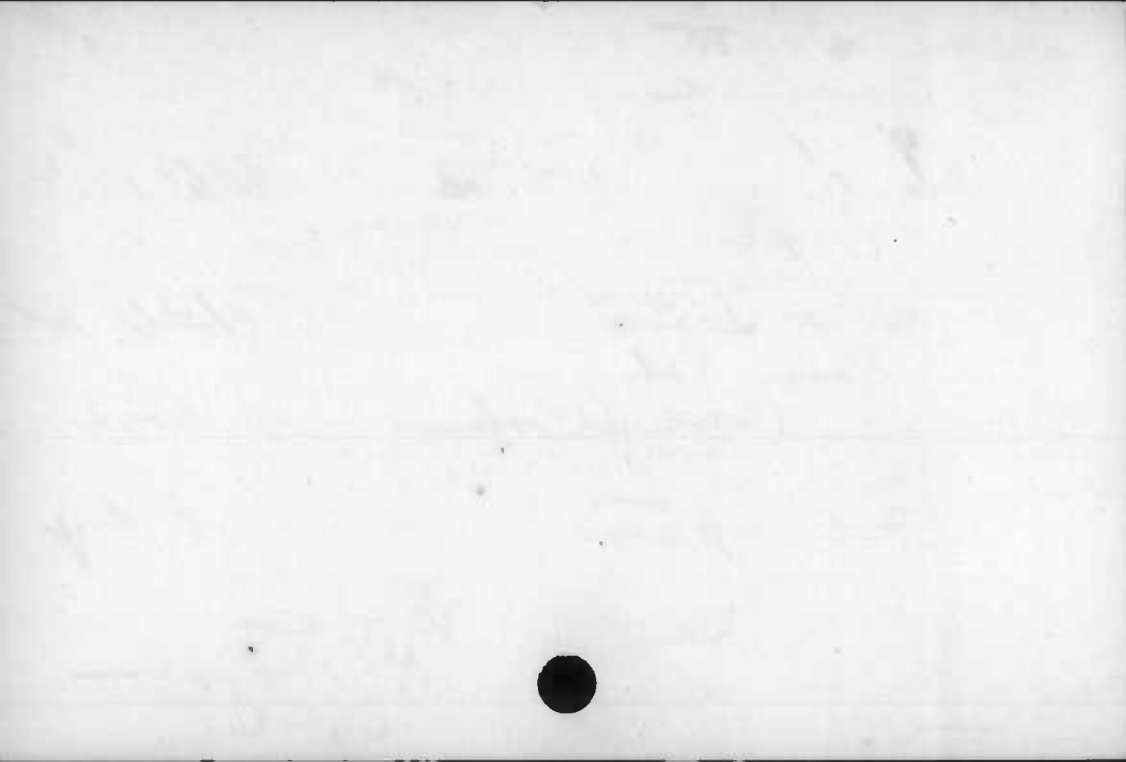
Died at <i>hanferry</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	<i>1</i> <small>Month</small>	<i>22</i> <small>Day</small>	<i>3</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>James Sanders</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Flora Sanders</i>			Mother's Birthplace <i></i>		
Name of person giving information <i>Henry Thomas</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Deep cold or Croup</i>	How long	<i>5 or 6 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James M. Wheeler</i>	
		Address <i>Sub-Registrar</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Lerna Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brentland</i>		County <i>Ches</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>1</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ches. Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>none</i>					
Father's Name <i>H. W. Scott</i>			Father's Birthplace <i>Ches. Md.</i>		
Mother's Maiden Name <i>Blara Robery</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Caroline Cooper</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>18 days</i>
Immediate <i>—</i>	How long <i>NO</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>none</i>
	Address <i>W. F. Mawner</i>
Accident or Suicide? <i>—</i>	<i>Sub Reg.</i>

W. F. Brown
Sub Reg

Name
in
Full

Paul Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

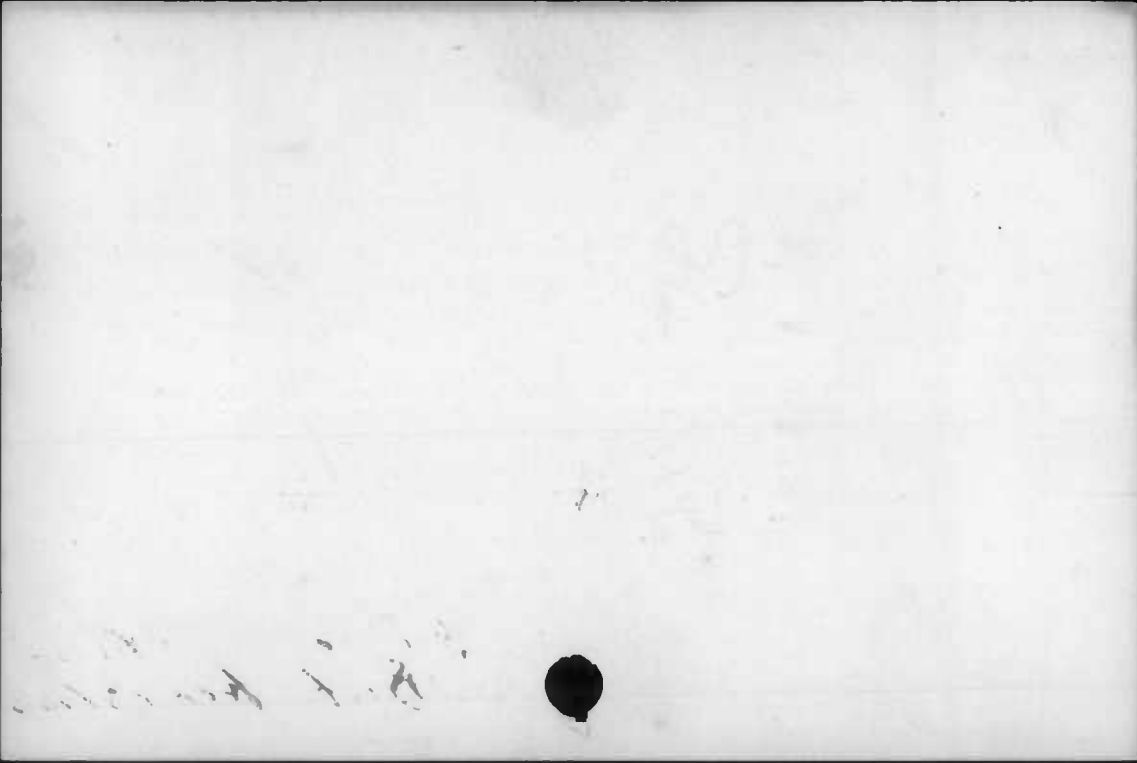
Died at <i>Duncarton</i> <small>Town</small>			<i>Charles</i> <small>County</small>			MARYLAND	
Date of death <i>1907</i>	<i>1</i> <small>Month</small>	<i>3</i> <small>Day</small>	<i>Age</i> <small>Years</small>		<i>Months</i>	<i>2</i> <small>Days</small>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>				
Father's Name <i>Obydian Taylor</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Dairy Thomas</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Joe Perry</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary <i>Infantile Litoms</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James M. Whelan</i>
	Address <i>Sub: Registrar</i>
Accident or Suicide?	



Name
in
Full

Thomas Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

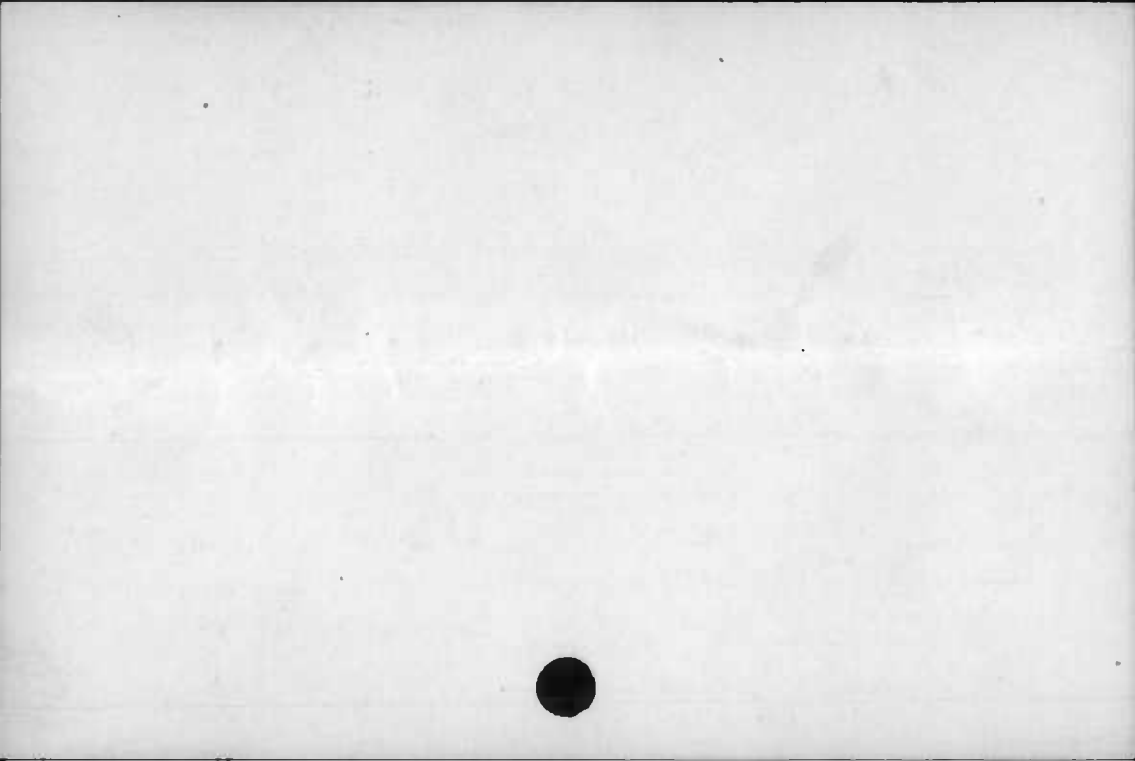
Died at		Town Ripley		County Charles		MARYLAND	
Date of death		1909	Month 1	Day 4	Age	Years	Months 21
Sex M		Color or Race C		Birth- place Ripley Md			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed S.		Name of Wife or Husband —					
Father's Name Thomas Waters				Father's Birthplace Md.			
Mother's Maiden Name Mary Blair				Mother's Birthplace Md			
Name of person giving In formation Thomas Waters				How related to deceased Father			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Bronchitis.	How long	
Immediate	Celluloy Bronchitis	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Harmon M.D.	
Yes		Address La Plata	
Accident or Suicide?		Md	



Name
in
Full

Gollie Wilkerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

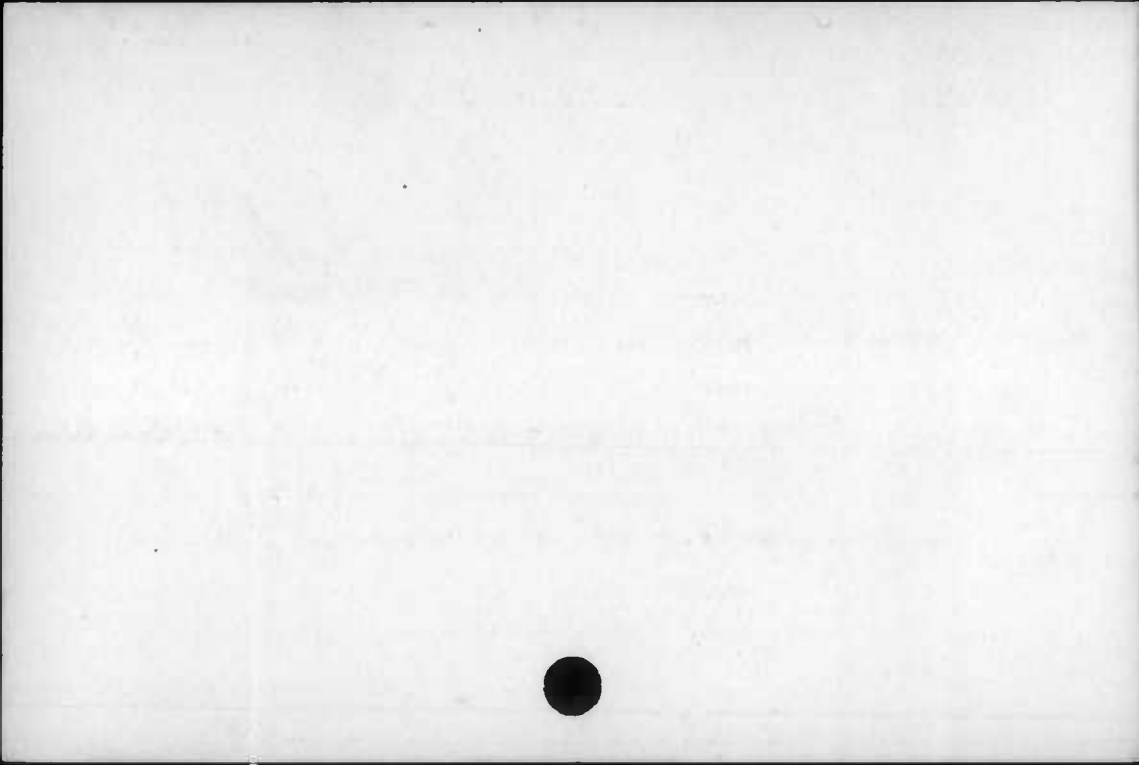
Died at <i>Pisgah</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Jan</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>4</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>collord</i>		Birth-place <i>chas co md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Earnest Wilkerson</i>			Father's Birthplace <i>chas co md.</i>		
Mother's Maiden Name <i>Annie Brisco</i>			Mother's Birthplace <i>chas co md.</i>		
Name of person giving information <i>Hase Kelton</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long
Immediate <i>no Physician attending</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none in attendance</i>
<i>Chas. D. Carpenter</i>	Address <i>Pisgah Md.</i>
Accident or Suicide? <i>Sub. Reg. 2nd district</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary F. Winters

Town

County

Died at

Pomomoy

St. Charles

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

June

14

Age

48

Sex

Female

Color or
Race

White

Birth-
place

Pittsburg Pa.

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Wm. J. Winters

Father's
Name

Not known

Father's
Birthplace

Unknown

Mother's
Maiden Name

" "

Mother's
Birthplace

Unknown

Name of person giving
In formation

Geo. S. Winters

How related
to deceased

Brother in law

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Mitchell M.D.

Address

Pomomoy
Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER

